### FORM D

# 1319745

SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

### FORM D



Serial

Prefix

#### NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

## SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Official ( ) I should if this is an amount and name has abanced and indicate change)
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Scott James Partners, LP
Filing Under (Check box(es) that apply): Rule 504 Rule 505 X Rule 506 Section 4(6) ULOE  Type of Filing: X New Filing Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)
Scott James Partners, LP
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 6700 Arlington Blvd. Falls Church, VA 22042 703-533-2500
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Telephone Number (Including Area Code)
Brief Description of Business
Limited Partnership investing in securities.
Limited Partnership investing in securities.  Type of Business Organization  corporation business trust  Limited Partnership investing in securities.  Type of Business Organization  corporation business trust  Limited partnership, already formed business trust  mark 03 2005
Actual or Estimated Date of Incorporation or Organization: OI OD X Actual Estimated  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)
GENERAL INSTRUCTIONS
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date or which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.
Filing Fee: There is no federal filing fee.
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shal accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.
ATTENTION
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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|                                                                                                             |                                                             | A. BASIC IDI                                                                                              | ENTIFICATION DATA                                      |                     |                 |                                       |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------|-----------------|---------------------------------------|
| <ul> <li>Each beneficial own</li> <li>Each executive office</li> <li>Each general and management</li> </ul> | e issuer, if the isser having the pow<br>eer and director o | euer has been organized we er to vote or dispose, or di f corporate issuers and of f partnership issuers. | rect the vote or disposition corporate general and mai | naging partners of  | partne          | · · · · · · · · · · · · · · · · · · · |
| Check Box(es) that Apply:  James, S                                                                         | Promoter                                                    | X Beneficial Owner                                                                                        | X Executive Officer                                    | Director            | X               | General and/or<br>Managing Partner    |
| Full Name (Last name first, if                                                                              |                                                             |                                                                                                           |                                                        |                     | *               | - Indiana Mary                        |
| 6700 Ar1 Business or Residence Address                                                                      |                                                             |                                                                                                           | Church, VA                                             | 22042               |                 | er de fait and soldinge               |
| Check Box(es) that Apply:                                                                                   | Promoter                                                    | Beneficial Owner                                                                                          | Executive Officer                                      | Director            | X               | General and/or<br>Managing Partner    |
| Full Name (Last name first, if                                                                              |                                                             |                                                                                                           |                                                        |                     |                 |                                       |
| SCOTT Ja  Business or Residence Addres                                                                      |                                                             | ners Managen Street City, State, Zin Co                                                                   |                                                        |                     |                 |                                       |
| 6700 Ar1                                                                                                    |                                                             | · · · · · · · · · · · · · · · · · · ·                                                                     | Church, VA                                             | 22042               |                 |                                       |
| Check Box(es) that Apply:                                                                                   | Promoter                                                    | Beneficial Owner                                                                                          | Executive Officer                                      | Director            |                 | General and/or<br>Managing Partner    |
| Full Name (Last name first, if                                                                              | individual)                                                 |                                                                                                           |                                                        |                     | •               |                                       |
| Business or Residence Addres                                                                                | s (Number and                                               | Street, City, State, Zip Co                                                                               | ode)                                                   |                     |                 |                                       |
| Check Box(es) that Apply:                                                                                   | Promoter                                                    | Beneficial Owner                                                                                          | Executive Officer                                      | Director            |                 | General and/or<br>Managing Partner    |
| Full Name (Last name first, if                                                                              | individual)                                                 |                                                                                                           |                                                        |                     |                 |                                       |
| Business or Residence Addres                                                                                | s (Number and                                               | Street, City, State, Zip C                                                                                | ode)                                                   |                     |                 |                                       |
| Check Box(es) that Apply:                                                                                   | Promoter                                                    | Beneficial Owner                                                                                          | Executive Officer                                      | Director            |                 | General and/or<br>Managing Partner    |
| Full Name (Last name first, if                                                                              | individual)                                                 |                                                                                                           |                                                        |                     |                 |                                       |
| Business or Residence Addres                                                                                | s (Number and                                               | Street, City, State, Zip C                                                                                | ode)                                                   |                     |                 |                                       |
| Check Box(es) that Apply:                                                                                   | Promoter                                                    | Beneficial Owner                                                                                          | Executive Officer                                      | Director            |                 | General and/or<br>Managing Partner    |
| Full Name (Last name first, if                                                                              | individual)                                                 |                                                                                                           |                                                        |                     | <del></del> ,,- |                                       |
| Business or Residence Addres                                                                                | s (Number and                                               | Street, City, State, Zip C                                                                                | ode)                                                   | 0.400-0             |                 |                                       |
| Check Box(es) that Apply:                                                                                   | Promoter                                                    | Beneficial Owner                                                                                          | Executive Officer                                      | Director            |                 | General and/or<br>Managing Partner    |
| Full Name (Last name first, if                                                                              | individual)                                                 |                                                                                                           |                                                        |                     |                 |                                       |
| Business or Residence Addres                                                                                | s (Number and                                               | Street, City, State, Zip C                                                                                | ode)                                                   |                     |                 |                                       |
| -                                                                                                           | (Use bla                                                    | nk sheet, or copy and use                                                                                 | additional copies of this s                            | sheet, as necessary | ')              |                                       |

|     | B. INFORMATION ABOUT OFFERING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                      |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
| 1.  | Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes                  | No<br><b>X</b>       |
|     | Answer also in Appendix, Column 2, if filing under ULOE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u></u> .            | K.                   |
| 2.  | What is the minimum investment that will be accepted from any individual?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>\$</u> 5,         | 000                  |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes                  | No                   |
| 3.  | Does the offering permit joint ownership of a single unit?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | K                    |                      |
| 4.  | Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |                      |                      |
| Ful | Name (Last name first, if individual)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                      |
| Ru  | James, Scott S. siness or Residence Address (Number and Street, City, State, Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                      |
| Du  | 6700 Arlington Blvd. Falls Church, VA 22042                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                      |
| Na  | me of Associated Broker or Dealer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      | -                    |
|     | Scott James Group, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      | <del></del>          |
| Sta | ates in Which Person Listed Has Solicited or Intends to Solicit Purchasers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      | 1.0                  |
|     | (Check "All States" or check individual States)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      | l States             |
|     | AL AK AZ AR CA CO CT DE DC FL GA IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT WA WA WV WI                                                                                                                                                                                                                                                                                                                                                                                                                                                        | HI<br>MS<br>OR<br>WY | ID<br>MO<br>PA<br>PR |
| Fu  | II Name (Last name first, if individual)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                      |
| Bu  | siness or Residence Address (Number and Street, City, State, Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                      |
| Na  | me of Associated Broker or Dealer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                      |
| Sta | ates in Which Person Listed Has Solicited or Intends to Solicit Purchasers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                      |
|     | (Check "All States" or check individual States)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ☐ Al                 | 1 States             |
|     | AL AK AZ AR CA CO CT DE DC FL GA IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI                                                                                                                                                                                                                                                                                                                                                                                                                                                        | HI<br>MS<br>OR<br>WY | MO<br>PA<br>PR       |
| Fu  | ll Name (Last name first, if individual)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                      |
| Bu  | siness or Residence Address (Number and Street, City, State, Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                      |
| Na  | ime of Associated Broker or Dealer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      | <u> </u>             |
| Sta | ates in Which Person Listed Has Solicited or Intends to Solicit Purchasers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ,                    |                      |
|     | (Check "All States" or check individual States)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ☐ Al                 | 1 States             |
|     | AL AK AZ AR CA CO CT DE DC FL GA IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI                                                                                                                                                                                                                                                                                                                                                                                                                                                        | HI<br>MS<br>OR<br>WY | ID<br>MO<br>PA<br>PR |

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.                                                     |                             |                            |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------|
|    | Type of Security                                                                                                                                                                                                                                                                                                                                                                      | Aggregate<br>Offering Price | Amount Already Sold        |
|    | Debt                                                                                                                                                                                                                                                                                                                                                                                  | \$                          | \$                         |
|    | Equity                                                                                                                                                                                                                                                                                                                                                                                | \$                          | \$                         |
|    | ☐ Common ☐ Preferred                                                                                                                                                                                                                                                                                                                                                                  |                             |                            |
|    | Convertible Securities (including warrants)                                                                                                                                                                                                                                                                                                                                           | \$                          | \$                         |
|    | Partnership Interests                                                                                                                                                                                                                                                                                                                                                                 | <sub>\$</sub> 5,000         | <sub>\$</sub> 125,000      |
|    | Other (Specify)                                                                                                                                                                                                                                                                                                                                                                       | \$                          | \$                         |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                 | <sub>\$</sub> 0.00          | \$ 0.00                    |
|    | Answer also in Appendix, Column 3, if filing under ULOE.                                                                                                                                                                                                                                                                                                                              | 5,000                       | 125,000                    |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            |                             | Aggregate                  |
|    |                                                                                                                                                                                                                                                                                                                                                                                       | Number<br>Investors         | Dollar Amount of Purchases |
|    | Accredited Investors                                                                                                                                                                                                                                                                                                                                                                  | 2                           | <u>\$ 125,000</u>          |
|    | Non-accredited Investors                                                                                                                                                                                                                                                                                                                                                              |                             | <u> </u>                   |
|    | Total (for filings under Rule 504 only)                                                                                                                                                                                                                                                                                                                                               | 0                           | \$ <u>0.00</u>             |
|    | Answer also in Appendix, Column 4, if filing under ULOE.                                                                                                                                                                                                                                                                                                                              |                             |                            |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.                                                            |                             |                            |
|    | Type of Offering                                                                                                                                                                                                                                                                                                                                                                      | Type of<br>Security         | Dollar Amount<br>Sold      |
|    | Rule 505                                                                                                                                                                                                                                                                                                                                                                              |                             | _ \$                       |
|    | Regulation A                                                                                                                                                                                                                                                                                                                                                                          |                             |                            |
|    | Rule 504                                                                                                                                                                                                                                                                                                                                                                              |                             |                            |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                 |                             | \$_0.00                    |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |                            |
|    | Transfer Agent's Fees                                                                                                                                                                                                                                                                                                                                                                 |                             | s 0                        |
|    | Printing and Engraving Costs                                                                                                                                                                                                                                                                                                                                                          |                             | □ \$ <u> </u>              |
|    | Legal Fees                                                                                                                                                                                                                                                                                                                                                                            |                             | <u>\$ 2,000</u>            |
|    | Accounting Fees                                                                                                                                                                                                                                                                                                                                                                       |                             | \$ 3,000                   |
|    | Engineering Fees                                                                                                                                                                                                                                                                                                                                                                      |                             | <u> </u>                   |
|    | Sales Commissions (specify finders' fees separately)                                                                                                                                                                                                                                                                                                                                  |                             | <u> </u>                   |
|    | Other Expenses (identify) Registration                                                                                                                                                                                                                                                                                                                                                |                             | x \$2,000                  |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                 | .,                          | × 0.00 \$7,000             |

|     | b. Enter the difference between the aggregate offering price gives and total expenses furnished in response to Part C — Question 4.a. proceeds to the issuer."                                                                                                        | This difference is the "adjusted                               | gross                                                  | \$                                                 |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|
| 5.  | Indicate below the amount of the adjusted gross proceed to the is each of the purposes shown. If the amount for any purpose is check the box to the left of the estimate. The total of the payments proceeds to the issuer set forth in response to Part C — Question | ot known, furnish an estimat<br>listed must equal the adjusted | te and                                                 |                                                    |
|     |                                                                                                                                                                                                                                                                       |                                                                | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments to<br>Others                              |
|     | Salaries and fees                                                                                                                                                                                                                                                     |                                                                | s <u>0</u>                                             | \$0                                                |
|     | Purchase of real estate                                                                                                                                                                                                                                               |                                                                |                                                        | \$ <u></u>                                         |
|     | Purchase, rental or leasing and installation of machinery and equipment                                                                                                                                                                                               |                                                                | s <u>0</u>                                             |                                                    |
|     | Construction or leasing of plant buildings and facilities                                                                                                                                                                                                             |                                                                | <u></u> \$_0                                           | s                                                  |
|     | Acquisition of other businesses (including the value of securiti offering that may be used in exchange for the assets or securiti issuer pursuant to a merger)                                                                                                        | s involved in this                                             |                                                        | s                                                  |
|     | Repayment of indebtedness                                                                                                                                                                                                                                             | •••••                                                          | <u>s_0</u>                                             | s0                                                 |
|     | Working capital                                                                                                                                                                                                                                                       |                                                                | S O                                                    | s_0                                                |
|     | Other (specify): Money Invested                                                                                                                                                                                                                                       |                                                                | <u>\$ XXXX</u>                                         |                                                    |
|     |                                                                                                                                                                                                                                                                       |                                                                | <br>                                                   | □\$                                                |
|     | Column Totals                                                                                                                                                                                                                                                         |                                                                | <del></del>                                            | s 0.00 \$4,9                                       |
|     |                                                                                                                                                                                                                                                                       |                                                                | U                                                      | 0.00 \$4,990                                       |
|     | Total Payments Listed (column totals added)                                                                                                                                                                                                                           |                                                                |                                                        | 7.00 \$4,990                                       |
|     | D. FEDE                                                                                                                                                                                                                                                               | RAL SIGNATURE                                                  |                                                        |                                                    |
| sig | e issuer has duly caused this notice to be signed by the undersigned<br>enature constitutes an undertaking by the issuer to furnish to the U<br>e information furnished by the issuer to any non-accredited inves                                                     | S. Securities and Exchange C                                   | ommission, upon writt                                  | ule 505, the following<br>en request of its staff, |
| Iss | suer (Print or Type) Signature                                                                                                                                                                                                                                        |                                                                | Date                                                   |                                                    |
|     | Scott@James/Partners; LP.,                                                                                                                                                                                                                                            | (AHX) or                                                       | 2/21/20                                                | 005                                                |
|     |                                                                                                                                                                                                                                                                       | er (Print or Type)<br>ent, General Pa                          | artner                                                 |                                                    |

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)